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OFFICIALDeliver to: Phan, J. Art Group: 2645Company Name: USPTOFacsimile No.: 703-872-9306 Date: June 8, 2004From: Gordon R. Lindeen III, Reg. No. 33,192Our Docket No.: 42390P12314 Number of pages including this sheet.Application: 09/967,108 Filing Date: 9/28/2001SubjectRemarks

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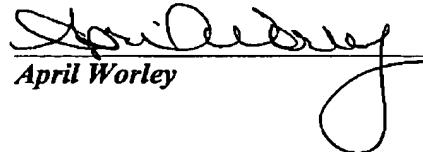
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deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date: June 8, 2004


April Worley

6/8/04

Date

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete If Known	
Application Number	09/967,108
Filing Date	September 28, 2001
First Named Inventor	James Coleman
Examiner Name	Phan, J.
Art Unit	2645
Attorney Docket No.	42390PT12314

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number	02-2666
Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

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Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee
(in the above-identified claim(s)) account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
				GRAND TOTAL (A)	(B)

2 EXTRA CLAIM FEES

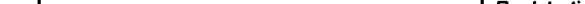
Total Claims	35	35 ⁺	0	x	18.00	=	\$0.00
Independent Claims	7	8 ⁺	0	x	68.00	=	\$0.00
Multiple Dependent						=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	88	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid. If greater. For Reissues, see below.*

SUBMITTED BY

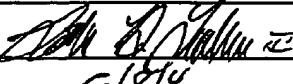
Complete (if applicable)

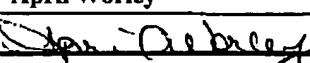
Name (Print/Type)	Gordon R. Lindeen III	Registration No. (Attorney/Agent)	33,192	Telephone	(303) 740-1980
Signature				Date	6/18/94

Based on PTO/SB/17 (10-03) as modified by Blakely, Sotnikoff, Taylor & Zalman (wir) 02/10/2004.
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/967,108
		Filing Date	September 28, 2001
		First Named Inventor	James Coleman
		Art Unit	2645
		Examiner Name	Phan, J.
Total Number of Pages in This Submission	17	Attorney Docket Number	42390P12314

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gordon R. Lindeen III, Reg. No. 33,192 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	6/8/04

CERTIFICATE OF MAILING/TRANSMISSION			
Typed or printed name	April Worley		
Signature		Date	6/8/04

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